



# BEAVERTON RURAL SCHOOL DISTRICT

www.beavertonruralschools.com



## ENROLLMENT PACKET

**Superintendent..... Mrs. Susan Wooden**  
Phone: 989-246-3000 / Fax: 989-435-7631

**Jr/Sr High School Principal – 7th-12th Grades.....Mr. Ryan Roberts**  
**Jr/Sr High School Assistant Principal – 7th-12th Grade.....Ms. Jennifer Johnston**  
Phone: 989-246-3010 / Fax: 989-246-3366

**Elementary School Principal – Grades K-6..... Mr. Michael Bassage**  
**Elementary School Assistant Principal – Grades K-6.....Mrs. Renee Inscho**  
Phone: 989-246-3020 / Fax: 989-246-3740

**Transportation Supervisor .....Mrs. Marietta Andrist**  
Phone: 989-435-9474 / Fax: 989-435-2054

### REGISTRATION CHECKLIST

- |  |   |
|--|---|
| <input type="checkbox"/> Birth Certificate             | <input type="checkbox"/> Custodial Documentation                |
| <input type="checkbox"/> Immunization Record           | <input type="checkbox"/> Affirmation of Prior Discipline Record |
| <input type="checkbox"/> Registration Form             | <input type="checkbox"/> Student in Transition Form             |
| <input type="checkbox"/> Emergency Medical Information | <input type="checkbox"/> Request for School Records             |
| <input type="checkbox"/> Transportation Information    | <input type="checkbox"/> Free & Reduced Lunch Application       |
| <input type="checkbox"/> Proof of Residency            | <input type="checkbox"/> 30-Day Placement                       |

**Beaverton Rural School District  
Registration Form**

Date: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
(As it appears on Birth Certificate): LAST FIRST MIDDLE MALE/FEMALE

ADDRESS: \_\_\_\_\_ GRADE: \_\_\_\_\_

\_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ ENROLLMENT DATE: \_\_\_\_\_  
CITY STATE/COUNTRY 1<sup>st</sup> DAY STUDENT WILL BE IN SCHOOL

ETHNICITY: Is this student Hispanic/Latino (Choose only one)  
\_\_\_\_\_ No, not Hispanic/Latino \_\_\_\_\_ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

RACE: (use percentages to rank ethnic groups in order)  
\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ Asian American \_\_\_\_\_ White  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Hispanic or Latino

LANGUAGE SPOKEN IN HOME: \_\_\_\_\_

HAS YOUR CHILD EVER BEEN ENROLLED IN A SPECIAL EDUCATION CLASSROOM SETTING? \_\_\_\_\_  
IF YES, CIRCLE ALL THAT APPLY: SPECIAL ED CLASSES SPEECH OT/PT SOCIAL WORK 504 PLAN OTHER

**RESIDENCY INFORMATION**

IS THE STUDENT A RESIDENT OF BEAVERTON RURAL SCHOOL DISTRICT? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF NOT, WHAT DISTRICT DO YOU LIVE IN? \_\_\_\_\_

WHAT COUNTY DO YOU LIVE IN? \_\_\_\_\_ TOWNSHIP? \_\_\_\_\_

WHERE IS THE STUDENT LIVING NOW? (check one box)  
 in a one family dwelling  with more than one family in a house or apartment  
 in a car  in a trailer park or campsite  with friends/family members (other than parent/guardian)  
 in a shelter  in a motel or hotel  none of the above \_\_\_\_\_

WITH WHOM DOES THE STUDENT RESIDE (Please circle one): Mother & Father Mother & Step-Father  
Father & Step Mother Foster Parent(s) Grandparents Other \_\_\_\_\_

**RESIDENCY VERIFICATION AFFIDAVIT:**

According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing the affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

Verification of residency may be made with any two of the following (circle): Drivers License or Registration Lease Agreement  
Moving Bill Insurance Forms Purchase agreement Utility Bill Other

**PARENT/GUARDIAN INFORMATION:**

Primary Residence:

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RECEIVE COPIES OF STUDENT INFORMATION (PROGRESS REPORTS, REPORT CARDS, ETC)  YES  NO



Secondary Residence:

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RECEIVE COPIES OF STUDENT INFORMATION (PROGRESS REPORTS, REPORT CARDS, ETC)  YES  NO

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**\*\*Please Provide Copy of Custody Order or Any Other Court Documentation Restricting Contact**

**OTHER CHILDREN LIVING IN HOUSEHOLD:**

_____ NAME	_____ AGE/GRADE	_____ School Attending	_____ Relationship to Student
_____ NAME	_____ AGE/GRADE	_____ School Attending	_____ Relationship to Student
_____ NAME	_____ AGE/GRADE	_____ School Attending	_____ Relationship to Student
_____ NAME	_____ AGE/GRADE	_____ School Attending	_____ Relationship to Student
_____ NAME	_____ AGE/GRADE	_____ School Attending	_____ Relationship to Student
_____ NAME	_____ AGE/GRADE	_____ School Attending	_____ Relationship to Student

LAST SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY MI ZIP CODE

LAST DATE OF ATTENDANCE AT PREVIOUS SCHOOL: \_\_\_\_\_

**Student Vehicle Information (High School Only)**

WILL THE STUDENT BE DRIVING A VEHICLE TO SCHOOL?  YES  NO

If Yes:

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

License Plate \_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION

In case of emergency or your child becomes ill or injured at school and we cannot reach you, we will notify the person's listed below in order of contact choice.

1. \_\_\_\_\_ Phone # \_\_\_\_\_  
LAST FIRST

Relationship to student: \_\_\_\_\_ Release Student to Contact: Yes No

2. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_  
LAST FIRST

Relationship to student: \_\_\_\_\_ Release Student to Contact: Yes No

3. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_  
LAST FIRST

Relationship to student: \_\_\_\_\_ Release Student to Contact: Yes No

In case of emergency and you cannot be reached, your child will be sent to the nearest medical center for medical treatment.

Emergency medical conditions/problems (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Nothing known      | <input type="checkbox"/> Multiple allergies      | <input type="checkbox"/> Asthma                     |
| <input type="checkbox"/> Medical Waiver     | <input type="checkbox"/> Epileptic               | <input type="checkbox"/> Nose bleeds                |
| <input type="checkbox"/> Rheumatic Fever    | <input type="checkbox"/> Iodine allergy          | <input type="checkbox"/> Kidney problems            |
| <input type="checkbox"/> Cardiac            | <input type="checkbox"/> Special blood condition | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Hemophiliac        | <input type="checkbox"/> Sulfa allergy           | <input type="checkbox"/> Hearing problems           |
| <input type="checkbox"/> Diabetic           | <input type="checkbox"/> Muscle weakness         | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Aspirin Allergy    | <input type="checkbox"/> Headaches               |   |
| <input type="checkbox"/> Penicillin allergy | <input type="checkbox"/> Allergic to bee stings  |   |

MEDICATION CHILD IS PRESENTLY TAKING DURING THE SCHOOL DAY AND/OR AT HOME:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

DOES YOUR CHILD HAVE GLASSES TO BE WORN IN THE CLASSROOM?  YES  NO

PLEASE LIST ANY ALLERGIES OR MEDICAL PROBLEMS THAT THE SCHOOL SHOULD BE AWARE OF: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

# BEAVERTON RURAL SCHOOL - TRANSPORTATION DEPARTMENT

**\*\* FOR DAYCARE PURPOSE ONLY MUST BE A SET SCHEDULE \*\***

## Bus Waiver Form

Name of Child \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Building \_\_\_\_\_ Grade \_\_\_\_\_

Home Location: (Between what two roads, major landmarks, color or style, etc): \_\_\_\_\_

\_\_\_\_\_

Effective Date \_\_\_\_\_ Current Date \_\_\_\_\_

Reason for change \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **AM Pick Up**      Mon      Tues      Wed      Thu      Fri      (Circle am days childcare or parent 2 is needed)

\_\_\_\_\_ **PM Drop Off**      Mon      Tues      Wed      Thu      Fri      (Circle pm days childcare or parent 2 is needed)

\_\_\_\_\_ **Half days and Early dismissals ONLY**

\_\_\_\_\_ **SPARKS ONLY**

Childcare Provider / Parent 2 Name \_\_\_\_\_

Address \_\_\_\_\_

Childcare Provider / Parent 2 Phone \_\_\_\_\_

Home Location: (Between what two roads, major landmarks, color or style, etc): \_\_\_\_\_

\_\_\_\_\_

\*\* We the parents assume all responsibility for this transfer and waiver any liability or responsibility of the Board of Education of Beaverton Rural Schools due to this change in schedule

Parent Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Place of Work \_\_\_\_\_

Beaverton Schools Transportation  
Phone (989) 435-9474 / Fax (989) 435-2054

For Office Use Only:                      Childcare Route # \_\_\_\_\_                      Childcare Emblem \_\_\_\_\_



# BEAVERTON RURAL SCHOOL DISTRICT

## REQUEST FOR SCHOOL RECORDS

\_\_\_\_\_  
Student Name Date of Birth Grade

Previous school attended: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Records requested:**

- |                            |   |
|----------------------------|---|
| ⇒ Student UIC# _____       | ⇒ Special Education Files and Psychological Files               |
| ⇒ Official cumulative file | ⇒ Standardized Achievement, Intelligence & Aptitude Test Scores |
| ⇒ Grades to date           | ⇒ Record of extra curricular activities                         |
| ⇒ Discipline History       |   |
| ⇒ Attendance to date       |   |
| ⇒ Current grade level ____ |   |

In sending this form, we are requesting information about one of your former students. Before we formally enroll the student, we are requesting that you answer the questions below about the above student.

1. Has the above named student been suspended or expelled from your school district? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
2. Is disciplinary action pending against this student? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Was this student in a special education program in your school district? \_\_\_\_\_ If yes, please give student's current placement: \_\_\_\_\_
4. Student's last date of entry to your school? \_\_\_\_\_ When was the student's last day of attendance at your school? \_\_\_\_\_

Parent Release Form: As parent or legal guardian for the above named student, I hereby authorize the release of all school records to the Beaverton Rural School District and request that they be sent to the address below at your earliest convenience.

\_\_\_\_\_  
Parent/Guardian Signature Date

**Beaverton Elementary School (K-6)**  
Attention: Candy Fischer  
PO Box 529, 440 S Ross Street  
Beaverton, MI 48612  
Ph. 989-246-3020  
Fax 989-246-3740

**Beaverton Jr/Sr High School (7-12)**  
Attention: Kristina Marcoux  
PO Box 529, 3090 Crockett Road  
Beaverton, MI 48612  
Ph. 989-246-3010  
Fax 989-246-3366